

Application for Family and In-Home Child Day Care Certification

Completion of this form meet the requirements as stated in the DWD 55.04(3), Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]. Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Telephone Number ()	E-mail
Address (number, street, city, zip code)			County/Tribe
Address Where Care Will Be Given, If Other Than Applicant Address (no./street/city/zip code/county)			Telephone Number ()

Do you rent the property where the care will be provided? ☐ Yes ☐ No

Landlord Name	Telephone Number of Landlord ()
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Do you hold a license/certificate to care for children and/or adults? ☐ Yes ☐ No

Regulating Agency Name	Type of License/Certificate
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Other Adults in Home (include assistants, substitutes and employees)			
Name (first, last)	Age	Name (first, last)	Age

Provider's Own Children (natural, adopted or foster)			
Name (first, last)	Date of Birth	Name (first, last)	Date of Birth

References (List 3 individuals unrelated to you, who are familiar with you and your ability to care for children.)		
Name (first, last)	Address (number/street/city/state/zip code)	Telephone Number
		()
		()
		()

Yes No

☐☐

I have received and read a copy of the certification standards, and I agree to follow the standards.

☐☐

I will cooperate with the certifying agency

- By providing requested information;
- By allowing the agency to investigate as necessary to check that I meet the standards for certification, which may include visits to my home;
- By allowing the agency to contact individuals in the community for a reference, whether or not listed on this application.

I certify that all the above statements are true to the best of my knowledge.

Signature	Date Signed
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Retain completed form in provider file